

ARIZONA CORPORATION COMMISSION
UTILITIES DIVISION

ANNUAL REPORT MAILING LABEL – MAKE CHANGES AS NECESSARY

B

WS-01678A
Baca Float Water Company – Sewer Division
PO Box 1536
Tubac, AZ 85646

ANNUAL REPORT

FOR YEAR ENDING

12	31	2007
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FOR COMMISSION USE

ANN05	07
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RECEIVED

APR 11 2008

ARIZONA CORP COM
Director Utilities

4-11-08

COMPANY INFORMATION

Company Name (Business Name) Baca Float Water Company Inc (Sewer Division)

Mailing Address P.O. Box 1536
(Street)

Tubac AZ 85646
(City) (State) (Zip)

520-398-3177 520-398-9770
Telephone No. (Include Area Code) Fax No. (Include Area Code) Cell No. (Include Area Code)

Email Address bacawater@barriodetubac.com

Local Office Mailing Address P.O. Box 1536
(Street)

Tubac AZ 85646
(City) (State) (Zip)

520-398-3177 520-398-9770
Local Office Telephone No. (Include Area Code) Fax No. (Include Area Code) Cell No. (Include Area Code)

Email Address bacawater@barriodetubac.com

MANAGEMENT INFORMATION

Management Contact: Dick Lockwood Secretary Treasurer (Operations Mgr)
(Name) (Title)

P.O. Box 1536 Tubac AZ 85646
(Street) (City) (State) (Zip)

520-398-3177 520-398-9770
Telephone No. (Include Area Code) Fax No. (Include Area Code) Cell No. (Include Area Code)

Email Address bacawater@barriodetubac.com

On Site Manager: Lino Vega
(Name)

P.O. Box 1536 Tubac AZ 85646
(Street) (City) (State) (Zip)

520-398-3177 520-398-9670
Telephone No. (Include Area Code) Fax No. (Include Area Code) Cell No. (Include Area Code)

Email Address bacawater@barriodetubac.com

☐ Please mark this box if the above address(es) have changed or are updated since the last filing.

Statutory Agent: Jacqueline Brasher
(Name)

P.O. Box 4241 Tubac AZ 85646
(Street) (City) (State) (Zip)

520-398-2506 520-398-2407
Telephone No. (Include Area Code) Fax No. (Include Area Code) Cell No. (Include Area Code)

Attorney: Michael Milroy-Snell & Wilmer
(Name)

Once Church Rd Tucson AZ 85701
(Street) (City) (State) (Zip)

520-882-1200 520-884-1294
Telephone No. (Include Area Code) Fax No. (Include Area Code) Cell No. (Include Area Code)

Email Address _____

X Please mark this box if the above address(es) have changed or are updated since the last filing.

OWNERSHIP INFORMATION

Check the following box that applies to your company:

- | | |
|---|--|
| <input type="checkbox"/> Sole Proprietor (S) | <input checked="" type="checkbox"/> C Corporation (C) (Other than Association/Co-op) |
| <input type="checkbox"/> Partnership (P) | <input type="checkbox"/> Subchapter S Corporation (Z) |
| <input type="checkbox"/> Bankruptcy (B) | <input type="checkbox"/> Association/Co-op (A) |
| <input type="checkbox"/> Receivership (R) | <input type="checkbox"/> Limited Liability Company |
| <input type="checkbox"/> Other (Describe) _____ | |

COUNTIES SERVED

Check the box below for the county/ies in which you are certificated to provide service:

- | | | |
|--|-----------------------------------|-----------------------------------|
| <input type="checkbox"/> APACHE | <input type="checkbox"/> COCHISE | <input type="checkbox"/> COCONINO |
| <input type="checkbox"/> GILA | <input type="checkbox"/> GRAHAM | <input type="checkbox"/> GREENLEE |
| <input type="checkbox"/> LA PAZ | <input type="checkbox"/> MARICOPA | <input type="checkbox"/> MOHAVE |
| <input type="checkbox"/> NAVAJO | <input type="checkbox"/> PIMA | <input type="checkbox"/> PINAL |
| <input checked="" type="checkbox"/> SANTA CRUZ | <input type="checkbox"/> YAVAPAI | <input type="checkbox"/> YUMA |
| <input type="checkbox"/> STATEWIDE | | |

UTILITY PLANT IN SERVICE

Acct. No.	DESCRIPTION	Original Cost (OC)	Accumulated Depreciation (AD)	O.C.L.D. (OC less AD)
351	Organization	0	0	0
352	Franchises	0	0	0
353	Land and Land Rights	1,084	0	1,084
354	Structures and Improvements	35,000	0	35,000
355	Power Generation Equipment	0	0	0
360	Collection Sewers – Force	0	0	0
361	Collection Sewers – Gravity	0	0	0
362	Special Collecting Structures	0	0	0
363	Services to Customers	0	0	0
364	Flow Measuring Devices	0	0	0
365	Flow Measuring Installations	0	0	0
370	Receiving Wells	471,732	(9,599)	462,133
380	Treatment and Disposal Equip.	2,591,696	0	2,591,696
381	Plant Sewers	0	0	0
382	Outfall Sewer Lines	0	0	0
389	Other Plant and Misc. Equipment	0	0	0
390	Office Furniture and Equipment	1,914	(450)	1,464
391	Transportation Equipment	0	0	0
393	Tools, Shop and Garage Equip.	1,321	(397)	924
394	Laboratory Equipment	0	0	0
395	Power Operated Equipment	0	0	0
398	Other Tangible Plant	0	0	0
	TOTALS	3,102,747	(10,446)	3,092,301

This amount goes on the Balance Sheet Acct. No. 108 

CALCULATION OF DEPRECIATION EXPENSE

Acct. No.	DESCRIPTION	Original Cost (1)	Depreciation Percentage (2)	Depreciation Expense (1x2)
351	Organization	0	0	0
352	Franchises	0	0	0
353	Land and Land Rights	1,084	0	0
354	Structures and Improvements	35,000	0	0
355	Power Generation Equipment	0	0	0
360	Collection Sewers – Force	0	0	0
361	Collection Sewers – Gravity	0	0	0
362	Special Collecting Structures	0	0	0
363	Services to Customers	0	0	0
364	Flow Measuring Devices	0	0	0
365	Flow Measuring Installations	0	0	0
370	Receiving Wells	471,732	2.03%	9,599
380	Treatment and Disposal Equip.	2,591,696	0	0
381	Plant Sewers	0	0	0
382	Outfall Sewer Lines	0	0	0
389	Other Plant and Misc. Equipment	0	0	0
390	Office Furniture and Equipment	1,914	15.70%	301
391	Transportation Equipment	0	0	0
393	Tools, Shop and Garage Equip.	1,321	20.02%	264
394	Laboratory Equipment	0	0	0
395	Power Operated Equipment	0	0	0
398	Other Tangible Plant	0	0	0
	TOTALS	3,102,747	.33%	10,164

This amount goes on the Comparative Statement of Income and Expense Acct. 403

COMPANY NAME Baca Float Water Company Inc (Sewer Division)

BALANCE SHEET

Acct No.		BALANCE AT BEGINNING OF TEST YEAR	BALANCE AT END OF YEAR
	ASSETS		
	CURRENT AND ACCRUED ASSETS		
131	Cash	\$0	\$(402)
132	Special Deposits	0	1,944
135	Temporary Cash Investments	0	0
141	Customer Accounts Receivable	0	199
146	Notes/Receivables from Associated Companies	0	0
151	Plant Material and Supplies	0	0
162	Prepayments	0	0
174	Miscellaneous Current and Accrued Assets	0	0
	TOTAL CURRENT AND ACCRUED ASSETS	\$0	\$1,741
	FIXED ASSETS		
101	Utility Plant in Service	\$0	\$3,098,427
103	Property Held for Future Use	0	1,084
105	Construction Work in Progress	0	0
108	Accumulated Depreciation – Utility Plant	0	(10,446)
121	Non-Utility Property	0	3,235
122	Accumulated Depreciation – Non Utility	0	0
	TOTAL FIXED ASSETS	\$0	\$3,092,300
	TOTAL ASSETS	\$0	\$3,094,041

NOTE: Total Assets on this page should equal **Total Liabilities and Capital** on the following page.

BALANCE SHEET (CONTINUED)

Acct No.	LIABILITIES	BALANCE AT BEGINNING OF TEST YEAR	BALANCE AT END OF YEAR
	CURRENT LIABILITES		
231	Accounts Payable	\$0	\$0
232	Notes Payable (Current Portion)	0	0
234	Notes/Accounts Payable to Associated Companies	0	0
235	Customer Deposits	0	0
236	Accrued Taxes	0	1,186
237	Accrued Interest	0	0
241	Miscellaneous Current and Accrued Liabilities	0	0
	TOTAL CURRENT LIABILITIES	\$0	\$1,186
	LONG-TERM DEBT (Over 12 Months)		
224	Long-Term Notes and Bonds	\$0	\$0
	DEFERRED CREDITS		
252	Advances in Aid of Construction	\$0	\$0
253	Other Deferred Credits	0	0
255	Accumulated Deferred Investment Tax Credits	0	0
271	Contributions in Aid of Construction	0	2,444,736
272	Less: Amortization of Contributions	0	0
281	Accumulated Deferred Income Tax	0	0
	TOTAL DEFERRED CREDITS	\$0	\$2,444,736
	TOTAL LIABILITIES	\$0	\$2,445,922
	CAPITAL ACCOUNTS		
201	Common Stock Issued	\$0	\$9,072
211	Other Paid in Capital	0	0
215	Retained Earnings	0	(216,644)
218	Proprietary Capital (Sole Props and Partnerships)	0	855,691
	TOTAL CAPITAL	\$0	\$648,119
	TOTAL LIABILITIES AND CAPITAL	\$0	\$3,094,041

COMPARATIVE STATEMENT OF INCOME AND EXPENSE

Acct. No.	OPERATING REVENUES	PRIOR YEAR	CURRENT YEAR
521	Flat Rate Revenues	\$94,449	\$115,904
522	Measured Revenues	0	0
536	Other Wastewater Revenues	0	1,063
	TOTAL REVENUES	\$94,449	\$116,967
	OPERATING EXPENSES		
701	Salaries and Wages	\$85,052	\$86,346
710	Purchased Wastewater Treatment	0	0
711	Sludge Removal Expense	0	5,400
715	Purchased Power	5,556	7,466
716	Fuel for Power Production	0	0
718	Chemicals	589	11,284
720	Materials and Supplies	12,757	27,215
731	Contractual Services – Professional	9,024	36,042
735	Contractual Services – Testing	3,853	12,412
736	Contractual Services – Other	0	2,866
740	Rents	11,947	10,577
750	Transportation Expense	179	206
755	Insurance Expense	3,010	6,877
765	Regulatory Commission Expense	3,111	351
775	Miscellaneous Expense	3,603	868
403	Depreciation Expense	0	10,164
408	Taxes Other Than Income	0	7,920
408.11	Property Taxes	1,015	3,150
409	Income Taxes	0	0
	TOTAL OPERATING EXPENSES	\$139,696	\$229,144
	OTHER INCOME/EXPENSE		
419	Interest and Dividend Income	\$0	\$0
421	Non-Utility Income	0	53,876
426	Miscellaneous Non-Utility Expenses	0	0
427	Interest Expense		0
	TOTAL OTHER INCOME/EXPENSE	\$0	\$53,876
	NET INCOME/(LOSS)	\$(80,491)	\$(58,301)

COMPANY NAME Baca Float Water Company Inc (Sewer Division)

SUPPLEMENTAL FINANCIAL DATA

Long-Term Debt

	LOAN #1	LOAN #2	LOAN #3	LOAN #4
Date Issued	0	0	0	0
Source of Loan	0	0	0	0
ACC Decision No.	0	0	0	
Reason for Loan	0	0	0	0
Dollar Amount Issued	\$0	\$0	\$0	\$0
Amount Outstanding	\$0	\$0	\$0	\$0
Date of Maturity	0	0	0	0
Interest Rate	0%	0%	0%	0%
Current Year Interest	\$0	\$0	\$0	\$0
Current Year Principle	\$0	\$0	\$0	\$0

COMPANY NAME <u>Baca Float Water Company Inc (Sewer Division)</u>	
Name of System:	Wastewater Inventory Number (if applicable):

WASTEWATER COMPANY PLANT DESCRIPTION
TREATMENT FACILITY

TYPE OF TREATMENT (Extended Aeration, Step Aeration, Oxidation Ditch, Aerobic Lagoon, Anaerobic Lagoon, Trickling Filter, Septic Tank, Wetland, Etc.)	Sub Surface Constructed Wetlands
DESIGN CAPACITY OF PLANT (Gallons Per Day)	100,000 (4 - 25,000 cells)

LIFT STATION FACILITIES

Location	Quantity of Pumps	Horsepower Per Pump	Capacity Per Pump (GPM)	Wet Well Capacity (gals)
Barrio de Tubac	98	1/2	10	557,100

FORCE MAINS

Size	Material	Length (Feet)
4-inch	0	0
6-inch	Green Sewer Pipe	24,500

MANHOLES

Type	Quantity
Standard	45
Drop	0

CLEANOUTS

Quantity
69
0

Note: If you are filing for more than one system, please provide separate sheets for each system.

COMPANY NAME Baca Float Water Company Inc (Sewer Division)

Name of System: _____ **Wastewater Inventory Number (if applicable):** _____

WASTEWATER COMPANY PLANT DESCRIPTION (CONTINUED)

COLLECTION MAINS

Size (in inches)	Material	Length (in feet)
4	Green Sewer Pipe	9,200
6	0	0
8	0	0
10	0	0
12	0	0
15	0	0
18	0	0
21	0	0
24	0	0
30	0	0

SERVICES

Size (in inches)	Material	Quantity
4	0	0
6	0	0
8	0	0
12	0	0
15	0	0
	Schedule 40 PVC	
	150 PSI rated	
2	(Distribution re-use)	26,000

FOR THE FOLLOWING FIVE ITEMS, LIST THE UTILITY OWNED ASSETS IN EACH CATEGORY PER WASTEWATER SYSTEM

SOLIDS PROCESSING AND HANDLING FACILITIES	94 Sewer Tanks
DISINFECTION EQUIPMENT (Chlorinator, Ultra-Violet, Etc.)	Chlorinator & De-Chlorinator
FILTRATION EQUIPMENT (Rapid Sand, Slow Sand, Activated Carbon, Etc.)	Slow Sand Filter
STRUCTURES (Buildings, Fences, Etc.)	Fences (chain link)
OTHER (Laboratory Equipment, Tools, Vehicles, Standby Power Generators, Etc.)	Lab equipment – Tools – Truck & Power Generator (gas)

Note: If you are filing for more than one system, please provide separate sheets for each system.

COMPANY NAME <u>Baca Float Water Company Inc (Sewer Division)</u>	
Name of System:	Wastewater Inventory Number (if applicable):

WASTEWATER FLOWS

MONTH/YEAR (Most Recent 12 Months)	NUMBER OF SERVICES	TOTAL MONTHLY SEWAGE FLOW	SEWAGE FLOW ON PEAK DAY
January	0	0	0
February	0	0	0
March	0	0	0
April	1	231,600	14,200
May	1	35,800	1,800
June	1	39,200	2,400
July	1	148,400	9,800
August	1	209,100	12,700
September	1	75,100	3,100
October	1	4,400	2,100
November	1	145,500	13,100
December	1	221,300	16,000

PROVIDE THE FOLLOWING INFORMATION AS APPLICABLE PER WASTEWATER SYSTEM

Method of Effluent Disposal (leach field, surface water discharge, reuse, injection wells, groundwater recharge, evaporation ponds, etc.)	Surface Water Discharge
Groundwater Permit Number	0
ADEQ Aquifer Protection Permit Number	APP - 102959
ADEQ Reuse Permit Number	0
EPA NPDES Permit Number	0

Note: If you are filing for more than one system, please provide separate sheets for each system.

COMPANY NAME Baca Float Water Company Inc (Sewer Division) YEAR ENDING 12/31/2007

INCOME TAXES

For this reporting period, provide the following:

Federal Taxable Income Reported \$(58,300.89)
Estimated or Actual Federal Tax Liability _____

State Taxable Income Reported \$(58,300.89)
Estimated or Actual State Tax Liability _____

Amount of Grossed-Up Contributions/Advances:

Amount of Contributions/Advances _____
Amount of Gross-Up Tax Collected _____
Total Grossed-Up Contributions/Advances _____

Decision No. 55774 states, in part, that the utility will refund any excess gross-up funds collected at the close of the tax year when tax returns are completed. Pursuant to this Decision, if gross-up tax refunds are due to any Payer or if any gross-up tax refunds have already been made, attach the following information by Payer: name and amount of contribution/advance, the amount of gross-up tax collected, the amount of refund due to each Payer, and the date the Utility expects to make or has made the refund to the Payer.

CERTIFICATION

The undersigned hereby certifies that the Utility has refunded to Payers all gross-up tax refunds reported in the prior year's annual report. This certification is to be signed by the President or Chief Executive Officer, if a corporation; the managing general partner, if a partnership; the managing member, if a limited liability company or the sole proprietor, if a sole proprietorship.



SIGNATURE

04/04/08

DATE

Gary P. Brasher

PRINTED NAME

President

TITLE

COMPANY NAME Baca Float Water Company Inc (Sewer Division) YEAR ENDING 12/31/2007

PROPERTY TAXES

Amount of actual property taxes paid during Calendar Year 2007 was: \$ 3,149.80

Attach to this annual report proof (e.g. property tax bills stamped "paid in full" or copies of cancelled checks for property tax payments) of any and all property taxes paid during the calendar year.

If no property taxes paid, explain why. _____

Santa Cruz County Treasurer			9/28/2007			
Date	Type	Reference	Original Amt.	Balance Due	Discount	Payment
09/27/2007	Bill	P#902-23-501 6	3,149.80	3,149.80		3,149.80
					Check Amount	3,149.80

Bank of the West 368 Parcel #902-23-501 6: full year payment

3,149.80

PARCEL NUMBER

**VERIFICATION
AND
SWORN STATEMENT**
Taxes

RECEIVED
APR 11 2008
AZ CORP COMM
Director Utilities

VERIFICATION

STATE OF _____

**I, THE UNDERSIGNED
OF THE**

COUNTY OF (COUNTY NAME)
NAME (OWNER OR OFFICIAL) TITLE
COMPANY NAME

DO SAY THAT THIS ANNUAL UTILITY PROPERTY TAX AND SALES TAX REPORT TO THE ARIZONA CORPORATION COMMISSION

FOR THE YEAR ENDING

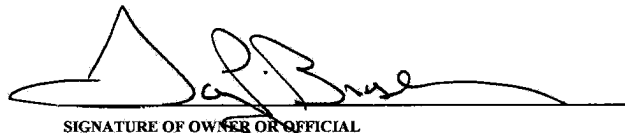
MONTH	DAY	YEAR
12	31	2007

HAS BEEN PREPARED UNDER MY DIRECTION, FROM THE ORIGINAL BOOKS, PAPERS AND RECORDS OF SAID UTILITY; THAT I HAVE CAREFULLY EXAMINED THE SAME, AND DECLARE THE SAME TO BE A COMPLETE AND CORRECT STATEMENT OF BUSINESS AND AFFAIRS OF SAID UTILITY FOR THE PERIOD COVERED BY THIS REPORT IN RESPECT TO EACH AND EVERY MATTER AND THING SET FORTH, TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF.

SWORN STATEMENT

I HEREBY ATTEST THAT ALL PROPERTY TAXES FOR SAID COMPANY ARE CURRENT AND PAID IN FULL.

I HEREBY ATTEST THAT ALL SALES TAXES FOR SAID COMPANY ARE CURRENT AND PAID IN FULL.



SIGNATURE OF OWNER OR OFFICIAL

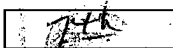
520-398-3177

TELEPHONE NUMBER

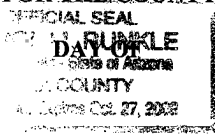
SUBSCRIBED AND SWORN TO BEFORE ME

A NOTARY PUBLIC IN AND FOR THE COUNTY OF

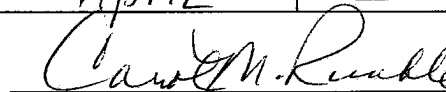
THIS



(SEAL)



COUNTY NAME	Santa Cruz	
MONTH	April	2008



SIGNATURE OF NOTARY PUBLIC

MY COMMISSION EXPIRES 10-27-08

**VERIFICATION
AND
SWORN STATEMENT
Intrastate Revenues Only**

RECEIVED
APR 1 1983
JURP COMM
Director Utilities

VERIFICATION

STATE OF _____

I, THE UNDERSIGNED

OF THE

COUNTY OF (COUNTY NAME)
NAME (OWNER OR OFFICIAL) TITLE
COMPANY NAME

DO SAY THAT THIS ANNUAL UTILITY REPORT TO THE ARIZONA CORPORATION COMMISSION

FOR THE YEAR ENDING

MONTH	DAY	YEAR
12	31	2007

HAS BEEN PREPARED UNDER MY DIRECTION, FROM THE ORIGINAL BOOKS, PAPERS AND RECORDS OF SAID UTILITY; THAT I HAVE CAREFULLY EXAMINED THE SAME, AND DECLARE THE SAME TO BE A COMPLETE AND CORRECT STATEMENT OF BUSINESS AND AFFAIRS OF SAID UTILITY FOR THE PERIOD COVERED BY THIS REPORT IN RESPECT TO EACH AND EVERY MATTER AND THING SET FORTH, TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF.

SWORN STATEMENT


IN ACCORDANCE WITH THE REQUIREMENT OF TITLE 40, ARTICLE 8, SECTION 40-401, ARIZONA REVISED STATUTES, IT IS HEREIN REPORTED THAT THE GROSS OPERATING REVENUE OF SAID UTILITY DERIVED FROM ARIZONA INTRASTATE UTILITY OPERATIONS DURING CALENDAR YEAR 2007 WAS:

Arizona Intrastate Gross Operating Revenues Only (\$)

\$ 178,493

(THE AMOUNT IN BOX ABOVE
INCLUDES \$ 7,650
IN SALES TAXES BILLED, OR COLLECTED)

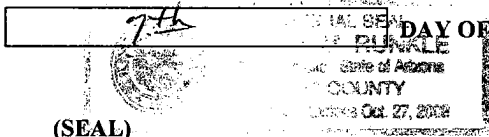
****REVENUE REPORTED ON THIS PAGE MUST INCLUDE SALES TAXES BILLED OR COLLECTED. IF FOR ANY OTHER REASON, THE REVENUE REPORTED ABOVE DOES NOT AGREE WITH TOTAL OPERATING REVENUES ELSEWHERE REPORTED, ATTACH THOSE STATEMENTS THAT RECONCILE THE DIFFERENCE. (EXPLAIN IN DETAIL)**


SIGNATURE OF OWNER OR OFFICIAL
520-398-3177
TELEPHONE NUMBER

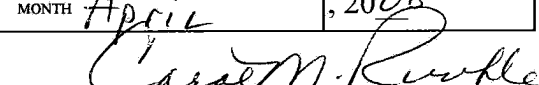
SUBSCRIBED AND SWORN TO BEFORE ME

A NOTARY PUBLIC IN AND FOR THE COUNTY OF

THIS



(SEAL)

COUNTY NAME Santa Cruz
MONTH April, 2008

SIGNATURE OF NOTARY PUBLIC

MY COMMISSION EXPIRES 10-27-08

**VERIFICATION
AND
SWORN STATEMENT
RESIDENTIAL REVENUE
INTRASTATE REVENUES ONLY**

RECEIVED

APR 1 2008

CORP COMM
Director Utilities

VERIFICATION

STATE OF _____

I, THE UNDERSIGNED

OF THE

COUNTY OF (COUNTY NAME)	
NAME (OWNER OR OFFICIAL)	TITLE
COMPANY NAME	

DO SAY THAT THIS ANNUAL UTILITY REPORT TO THE ARIZONA CORPORATION COMMISSION

FOR THE YEAR ENDING

MONTH	DAY	YEAR
12	31	2007

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SWORN STATEMENT

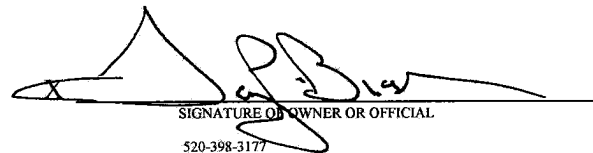
IN ACCORDANCE WITH THE REQUIREMENTS OF TITLE 40, ARTICLE 8, SECTION 40-401.01, ARIZONA REVISED STATUTES, IT IS HEREIN REPORTED THAT THE GROSS OPERATING REVENUE OF SAID UTILITY DERIVED FROM ARIZONA INTRASTATE UTILITY OPERATIONS RECEIVED FROM RESIDENTIAL CUSTOMERS DURING CALENDAR YEAR 2007 WAS:

ARIZONA INTRASTATE GROSS OPERATING REVENUES

\$ 178,493

(THE AMOUNT IN BOX AT LEFT
INCLUDES \$ 7,650
IN SALES TAXES BILLED, OR COLLECTED

***RESIDENTIAL REVENUE REPORTED ON THIS PAGE
MUST INCLUDE SALES TAXES BILLED.**


SIGNATURE OF OWNER OR OFFICIAL
520-398-3177

TELEPHONE NUMBER

SUBSCRIBED AND SWORN TO BEFORE ME

A NOTARY PUBLIC IN AND FOR THE COUNTY OF

THIS

7th

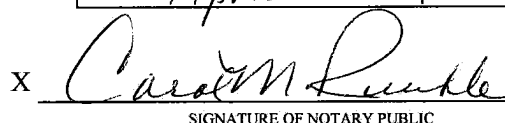
DAY OF

(SEAL)



MY COMMISSION EXPIRES 10-27-08

NOTARY PUBLIC NAME	<u>Carol M. Runkle</u>
COUNTY NAME	<u>Santa Cruz</u>
MONTH	<u>April</u>
	<u>2008</u>

X 
SIGNATURE OF NOTARY PUBLIC